									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION REC Effective October 1, 2003							ORI)	10815119					
-		CLAIMS		ILED - PART I (Column 1) (Column 2)				SMALL TYPE	ENTITY		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS				64				RATE			RATE			
FOR				NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FE			
TOTAL CHARGEABLE CLAIMS			- 	64 minus 20=		* 44-		X\$ 9=		Of	V640			
INDEPENDENT CLAIMS			4 -	ւ minus:3≍=−				X43=	<u> </u>	OF	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT				. +145=	7	OF	`	- 60		
* 1	* If the difference in column 1 is less than zero, enter "0" in column 2							-TÖTÄL		OF	`	1648		
QHAT CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY		OTHE	R THAN ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE		
	Total	. 7	Minus	-6	4	= 0		X\$ 9=		· OR	X\$18=			
	Independent	- 1	Minus	Z	Ŧ_	= 0		X43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.+145= TOTAL ADDIT. FEE		OR OR	+290= TOTAL ADDIT. FEE			
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOI PAID F	ST ER JSLY.	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total		Minus	44	· .	Ξ.		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		-		X43=		OR	X86=			
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM	LAIM		+1:45=		OR	+290=			
							L	TOTAL DOIT, FEE			TOTAL ADDIT, FEE	· · ·		
	(Column 1) (Column 2) (Column 3)								•					
2		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY)R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE .		
	Total	*	Minus	4.4		=		X\$ 9=		OR	.X\$18=			
	ndependent	*	Minus .	###		=		X43=	•	OR	X86=			
	-IHST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM			+145=		OR	+290=			
• 11 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									. L	TOTAL ODIT, FEE			
1))** Th	ne "Highest Nun e "Highest Numb	nber Previously Pai per Previously Paid	d For IN THIS For (Total or	SPACE is le Independent)	is the h	3, enter "3." ighest number (DIT. FEE L	ropriate box					